

SEP 18 2006

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DATE: September 18, 2006 NO. OF PAGES: 22
TO: United States Patent & Trademark Office FAX NO.: (571) 273-8300
FROM: Scott J. Menghini
Registration No. 42,880

REGARDING:

Attorney Docket No.: 81206/7114
U.S. Application No.: 10/804,791
Filing Date: March 19, 2004
Inventor: Russo, Christopher
Art Unit: 2835
Examiner: Wright, Ingrid D.

Transmitted Herewith for Filing Via Facsimile:

- 1) Transmittal (1 pg.);
- 2) Fee Transmittal, in duplicate (2 pgs.);
- 3) Amendment B (18 pgs.); and
- 4) Fax Coversheet (1 pg.)

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PTO/SB/21 (09-04)

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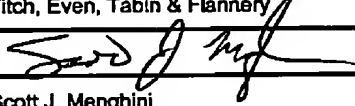
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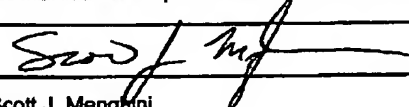
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/804,791	
	Filing Date	March 19, 2004	
	First Named Inventor	Russo, Christopher	
	Art Unit	2835	
	Examiner Name	Wright, Ingrid D.	
Total Number of Pages in This Submission	22	Attorney Docket Number	81206/7114

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> In Duplicate (2 pgs.) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (18 pgs.) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Fax Cover Sheet (1 pg.)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fitch, Even, Tabin & Flannery		
Signature			
Printed name	Scott J. Menghini		
Date	September 18, 2006	Reg. No.	42,880

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Signature			
Typed or printed name	Scott J. Menghini	Date	September 18, 2006

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/804,791
		Filing Date	March 19, 2004
		First Named Inventor	Russo, Christopher
		Examiner Name	Wright, Ingrid D.
		Art Unit	2835
TOTAL AMOUNT OF PAYMENT (\$) 500.00		Attorney Docket No.	81206/7114

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 06-1135 Deposit Account Name: Fitch, Even, Tabin & Flannery

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
34	- 20 or HP = 2	x 50 =	100

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	- 3 or HP = 2	x 200 =	400

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY		Registration No.	Telephone
Signature		42,880	(858) 552-1311
Name (Print/Type)	Scott J. Menghini	(Attorney/Agent)	Date September 18, 2006

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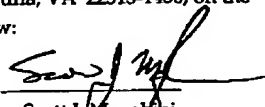
Appln. No.: 10/804,791
Applicant(s): Russo, Christopher
Filed: March 19, 2004
Title: PROTECTIVE COVER FOR A
COMPUTER
Examiner: Wright, Ingrid D.
Art Unit: 2835
Customer No.: 37123
Confirm. No.: 8885

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Date



Scott J. Menghini
Registration No. 42,880
Attorney for Applicants

AMENDMENT B

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Office Action mailed June 16, 2006, Applicants provide the following:

Amendments to the Claims are reflected in the Listing of Claims that begins on page 2.

Remarks begin on page 12.

09/19/2006 CNGUYEN 00000157 061135 10004791
01 FC:1202 100.00 DA
02 FC:1201 400.00 DA

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